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## APPLICANTS

Jeffrey B. Skiba, Oracle, AZ;

Steven T. Dodd, Coppell, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/265,744 02/01/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 02/23/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	AZ	5	20	3
Examiner's Signature <i>[Signature]</i> Initials <i>TS</i>				

## ADDRESS

Gardere Wynne Sewell LLP  
 3000 Thanksgiving Tower  
 Suite 3000  
 1601 Elm Street  
 Dallas , TX  
 75201-4767

## TITLE

Eye medication delivery system

FILING FEE  RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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